CLAIMS ONLY

Application Number: 10162004 1

Filing Date:

Applicant(s):

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*				*		*	
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
1							51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9							59						
10	1						60						
11		1					61						
~~12~~							62						
~~13~~							63						
14		1					64						
~~15~~							65						
~~16~~							66						
17							67						
18							68						
19							69						
20							70						
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22							72						
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24							74						
25							75						
26							76						
27							77						
28							78						
29							79						
30							80						
31		1					81						
32							82						
33	1						83						
~~34~~							84						
~~35~~							85						
~~36~~							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
Total Indep	2						Total Indep						
Total Depend	4						Total Depend						
Total Claims	6						Total Claims						